

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**Individual Income Tax Return**  
**RESIDENT**

**2001**

DO NOT WRITE OR STAPLE IN THIS SPACE

**PART-YEAR RESIDENTS MUST USE FORM N-15.**  
**RESIDENTS FILING A FEDERAL TAX RETURN SHOULD USE FORM N-11.**

**Calendar Year 2001**

or other tax year beginning \_\_\_\_\_, 2001 and ending \_\_\_\_\_, 20\_\_\_\_

☐ Check box if filing for the first time or if address has changed

AMD UNP 008 PNT INT

USE STATE LABEL OTHERWISE PRINT OR TYPE	Your first name and initial	Last name	Your social security number
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Present mailing or home address (Number and street, including apartment number or rural route)		Your occupation
	City, town or post office, State and ZIP code		Spouse's occupation

**HAWAII ELECTION  
CAMPAIGN FUND**

Do you want \$2 to go to the Hawaii Election Campaign Fund? ..... Yes ☐ No ☐  
If joint return, does your spouse want \$2 to go to the fund? ..... Yes ☐ No ☐  
Note: Checking "Yes" will not increase your tax or reduce your refund.

**FILING  
STATUS**

- (Check only ONE box)
- 1 ☐ Single
- 2 ☐ Married filing joint return (even if only one had income).
- 3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. • \_\_\_\_\_
- 4 ☐ Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. ➤ \_\_\_\_\_
- 5 ☐ Qualifying widow(er) with dependent child (Year spouse died • \_\_\_\_\_).

**EXEMPTIONS**

**Caution:** If you can be claimed as a dependent on another person's tax return (such as your parents'), do not check box 6a, but be sure to check the box below line 33.

6a ☐ Yourself ..... ☐ Age 65 or over ..... } Enter number of boxes checked on 6a and 6b ➤

6b ☐ Spouse ..... ☐ Age 65 or over ..... }

<b>Dependents:</b>	If more than 3 dependents use attachment	2. Dependent's social security number	3. Relationship	Enter number of your children listed	6c ➤ <input type="text"/>
6c and 6d	1. First and last name			Enter number of other dependents	6d ➤ <input type="text"/>
				Add numbers entered in boxes above	6e ➤ <input type="text"/>

6e Total number of exemptions claimed .....

**INCOME**

7	Wages, salaries, tips, etc. (Attach Form(s) W-2) .....	7•	<input type="text"/>	00
8	Interest income from the worksheet on page 28 of the Instructions.....	8•	<input type="text"/>	00
9	Ordinary dividends .....	9•	<input type="text"/>	00
10	State income tax refund from the worksheet on page 28 of the Instructions.....	10	<input type="text"/>	00
11	Alimony received: Enter name and address of payer .....	11	<input type="text"/>	00
12	Business or farm: main business activity/product ..... G.E. I.D. No. ....			
12a	Gross receipts from business or farm ..... 12a <input type="text"/> 00			
12b	Net income or (loss) after subtracting expenses from business or farm .....	12b•	<input type="text"/>	00
13	Capital gain or (loss) from worksheet on page 28 of Instructions .....	13•	<input type="text"/>	00
14a	Total IRA distributions..... 14a <input type="text"/> 00	14b	Taxable amount (see page 33 of the Instructions) ....	00
15a	Total pensions and annuities ..... 15a <input type="text"/> 00	15b	Taxable amount (see page 33 of the Instructions) ....	00
16a	Rents received. G.E. I.D. No. .... 16a <input type="text"/> 00			
16b	Net rental income or (loss) after subtracting expenses.....	16b•	<input type="text"/>	00
17	Unemployment compensation (insurance). ....	17•	<input type="text"/>	00
18	Other income (state nature and source) .....	18•	<input type="text"/>	00
19	Add amounts in far right column for lines 7 through 18..... <b>Total Income ➤</b>	19	<input type="text"/>	00

**ADJUSTMENTS  
TO INCOME**

20	IRA deduction .....	20	<input type="text"/>	00
21	Student loan interest deduction from worksheet on page 29 of the Instructions...	21	<input type="text"/>	00
22	Archer MSA deduction.....	22	<input type="text"/>	00
23	Moving expenses .....	23	<input type="text"/>	00
24	One-half of self-employment tax .....	24	<input type="text"/>	00
25	Self-employed health insurance deduction .....	25	<input type="text"/>	00
26	Self-employed SEP, SIMPLE, and qualified plans .....	26	<input type="text"/>	00
27	Interest penalty on early withdrawal of savings .....	27	<input type="text"/>	00
28	Alimony paid ..... Enter name and social security number of recipient .....	28	<input type="text"/>	00
29	Payments to an individual housing account .....	29•	<input type="text"/>	00
30	First \$1,750 of military reserve or Hawaii national guard duty pay.....	30•	<input type="text"/>	00
31	Add lines 20 through 30..... <b>Total Adjustments ➤</b>	31•	<input type="text"/>	00
AGI	32 Line 19 minus line 31..... <b>Adjusted Gross Income ➤</b>	32•	<input type="text"/>	00

• ATTACH COPY B OF FORM HW-2 HERE •

TAX COMPUTATION	33 Amount from line 32. (adjusted gross income) ..... 33 00		
	<b>CAUTION: If you can be claimed as a dependent on another person's return, check here <input type="checkbox"/> and see the Instructions on page 36.</b>		
	34 If you do not itemize your deductions, go to line 35 below. Otherwise go to page 36 of the Instructions and enter your itemized deductions here.		
	34a Medical and dental expenses (from Worksheet A-1) .....	34a●	00
	34b Taxes (from Worksheet A-2) .....	34b●	00
	34c Interest expense (from Worksheet A-3) .....	34c●	00
	34d Contributions (from Worksheet A-4) .....	34d●	00
	34e Casualty and theft losses (from Worksheet A-5) .....	34e●	00
	34f Miscellaneous deductions (from Worksheet A-6) .....	34f●	00
	35 Enter the larger of your: } <b>Itemized Deductions</b> — If line 33 is more than \$100,000 (\$50,000 for married filing separately), see the worksheet on page 28 of the Instructions. If not, add lines 34a through 34f. <b>OR</b> } <b>Standard Deduction</b> shown below for your filing status. Single — \$1,500 Head of household — \$1,650 Married filing jointly or Qualifying widow(er) — \$1,900 Married filing separately — \$950	35●	00
36 Line 33 minus line 35. (This line MUST be filled in) .....	36●	00	
37 Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) ● <input type="checkbox"/> Yourself ● <input type="checkbox"/> Spouse, and see page 37 of the Instructions. ....	37●	00	
38 <b>Taxable Income.</b> Line 36 minus line 37 (but not less than zero) ..... <b>Taxable Income</b> ➤	38●	00	
39 <b>Tax.</b> Check if from <input type="checkbox"/> Tax Table; <input type="checkbox"/> Tax Rate Schedule; <input type="checkbox"/> Form N-168; <input type="checkbox"/> Form N-615; or <input type="checkbox"/> Capital Gains Tax Worksheet on page 27 of the Instructions. Net capital gain from line 14 of Capital Gains Tax Worksheet ● (● <input type="checkbox"/> Include separate tax from Forms N-2, N-103, N-152, N-312, N-405, N-586, or N-814)..... <b>Tax</b> ➤	39●	00	
TAX PAYMENTS AND CREDITS	40 Total nonrefundable tax credits (attach Schedule CR) .....	40	00
	41 Line 39 minus line 40 (but not less than zero) ..... <b>Balance</b> ➤	41	00
	42 Hawaii State Income tax withheld and tax withheld on IHA distribution .....	42●	00
	43 2001 estimated tax payments .....	43●	00
	44 Amount of estimated tax applied from 2000 return .....	44●	00
	45 Amount paid with extension(s) .....	45●	00
	46 Low-Income Refundable Tax Credit (attach Schedule X) <b>DHS, etc. exemptions</b> ● .....	46●	00
	47 Credit for Low-Income Household Renters (attach Schedule X) .....	47●	00
	48 Credit for Child and Dependent Care Expenses (attach Schedule X) .....	48●	00
	49 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice) .....	49●	00
50 Credit for \$1 general income tax (see page 39 of the Instructions) .....	50●	00	
51 Total refundable tax credits from Schedule CR (attach Schedule CR) .....	51	00	
52 Add lines 42 through 51 ..... <b>Total Payments and Credits</b> ➤	52●	00	
REFUND OR AMOUNT YOU OWE	53 If line 52 is larger than line 41, enter the amount <b>OVERPAID</b> (line 52 minus line 41) .....	53●	00
	54 Amount of line 53 to be <b>applied</b> to your <b>2002 ESTIMATED TAX</b> .....	54●	00
	55 Line 53 minus line 54 .....	55●	00
	56 If you want to contribute to the Hawaii school-level minor repairs and maintenance special fund, enter \$2 (\$4 if your spouse also wants to contribute and you are filing jointly), check applicable box(es) ● <input type="checkbox"/> Yourself ● <input type="checkbox"/> Spouse, and see page 40 of the Instructions .....	56	00
	57 Amount to be <b>REFUNDED TO YOU</b> (line 55 minus line 56) ..... <b>Refund</b> ➤	57	00
	58 If line 41 is larger than line 52, enter the <b>AMOUNT YOU OWE</b> (line 41 minus line 52). Use Form N-200V to send your payment to the Department of Taxation. If you are filing your return late, see page 40 of the Instructions..... <b>Balance Due</b> ➤	58●	00
	59 Estimated tax penalty. (See page 40 of Instructions.) Also include this amount in line 53 or 58, whichever applies. Check box if Form N-210 is attached ➤ <input type="checkbox"/> .....	59●	00
DESIGNEE	60 If you don't need Hawaii income tax forms mailed to you next year, check here to receive a preprinted label only..... ● <input type="checkbox"/>		
	61 Proceeds from the sale of a qualified high technology business' NOL \$		
PLEASE SIGN HERE	<b>Third Party Designee.</b> Do you want to allow another person to discuss this return with the Hawaii Department of Taxation? (See page 41 of the Instructions.) <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No Designee's name ➤ Phone no. ➤ Identification number ➤		
	<div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>DECLARATION</b>          I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.       </div>		
PLEASE SIGN HERE	<div style="display: flex; justify-content: space-between;"> <div>             ➤ Your signature _____ Date _____           </div> <div>             ➤ Spouse's signature (if filing jointly, BOTH must sign) _____ Date _____           </div> </div>		
	Paid Preparer's Information	<div style="display: flex; justify-content: space-between;"> <div>             Preparer's Signature and date ➤              Firm's name (or yours if self-employed), Address, and ZIP Code ➤           </div> <div>             Preparer's identification number              Federal E.I. No. ➤              Phone no. ➤           </div> </div>	
		Check if self-employed ➤ <input type="checkbox"/>	